

Attorney Docket No. 0316-0129PUS1

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VACUUM SEALING ARRANGEMENT FOR A LIOUID CONCENTRATOR

Insert Title:	TACOUN SEAL	THE ARRANGEMENT	TOK A LIGOID CONC	LITINATUR			
Fill in Appropriate	the specification of which forth above and/or the f		hereto, the application is identified by th	e attorney docket number as se			
Information -	The smeattensies are			as			
For Use Without Specification Attached:	United States Appli	cation Number					
	and amended on	e filed on		as ; (if applicable) and/or as PCT			
Atacteu.	International Appli	cation Number		as PCT; and was			
	amended on		(if applicable)				
Insert Priority Information: (if appropriate)	I hereby state that I amended by any amende I acknowledge the Regulations, §1.56.  I do not know and a thereof, or patented or cyear prior to this application, date of this application representative or assigns patent or inventor's certiapplication by me or my I hereby claim forei or inventor's certificate ii	nent referred to above. duty to disclose information which do not believe the same was ever kr lescribed in any printed publicatio ation, that the same was not in put that the invention has not been pa in any country foreign to the Us more than twelve months (six m ficate on this invention has been fi legal representatives or assigns, ex gn priority benefits under Title 35, sted below and have also identified f the application on which priority	e contents of the above-identified specifich is material to patentability as define from or used in the United States of America on an application of the United States of America on an application of the United States of America on an application of the United States of America on an application for designs) prior to this application for designs) prior to the United States of America on an application for designs) prior to the United States Code, \$119(a)-(d) of any fibelow any foreign application for patents claimed:  O7/24/2002  (Month/Day/Year Filed)  (Month/Day/Year Filed)	ication, including the claims, as d in Title 37, Code of Federal crica before my or our invention thion thereof or more than one			
	(r (arriver)	(Country)	(Monut, Day, Teal Flied)				
	(Number)	(Country)	(Month/Day/Year Filed)	☐ ☐ Yes No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed belo						
Insert Provisional Application(s):	(Application Number)	<del>-</del>	(Filing Date)				
(if any)		·					
	(Application Number) (Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
Insert Requested Information: (if appropriate) I C C C F	Country	Application Number	Date of Filing (Mon	th/Day/Year)			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, p	ending, abandoned)			
Page 1 of 2 (Rev. 05/2004)	(Application Number)	(Filing Date)	(Status - patented, p	ending, abandoned)			

## Attorney Docket No. 316-0129 PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

CUSTOMER NO. 02292 (BIROH, STEWART, KOLASCH & BIRCH, LLP)

SE NOTE:	Telephone: (703) 205-8000 Facsimile: (703) 205-8050						
MUST IPLETE  LOWING:	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on informat and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements at the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and t such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
me of First e inventor: ame of tor ate This ment is Signed	GIVEN NAME/FAMILY NAME John David FORSYTH	INVENTOR'S SIGNATURE		DATE* / 2/2005			
	Residence (City, State & Country)		CITIZENSHI				
esidence () tizenship ()	30 Dominion Road 1890 Tuakau, New Zealand New Zealand MAILING ADDRESS (Complete Street Address including City, State & Country)						
sst Office ⇒s →	MAILING ADDRESS (Complete Street Address	including City, State & Country)	4 Tanu	12V			
	30 Dominion Road, 1890 Tuakau, New Zealand						
Name of Second eventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)					
Vame of Third entor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHII	P			
	MAILING ADDRESS (Complete Street Address i	including City, State & Country)					
Name of Fourth ventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)	I	CITIZENSHII				
	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)					
Name of Fifth entor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	<u> </u>	DATE*			
	Residence (City, State & Country)	<u> </u>	CITIZENSHIP	)			
	MAILING ADDRESS (Complete Street Address in	ncluding City, State & Country)	<u> </u>				
of Sixth ; if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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See above	Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address in	neluding City State & County	CTTIZENSHIF				

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\*DATE OF SIGNATURE

Send Correspondence to: